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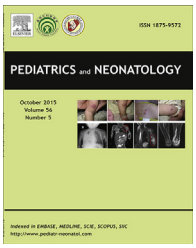

LETTER TO THE EDITOR

Role of Pregnancy-induced Cholestasis in the Relation Between Mothers' Lipid Profile and Neonates' Macrosomia

To the Editor,

We appreciate Sahoo et al[1] for their attention to our paper[2] recently published in *Pediatrics and Neonatology*. Pregnancy-induced cholestasis (PIC) affects 0.05–4% of pregnant women.[3] Since our cases were healthy and asymptomatic for PIC, this percentage will decrease to a very small value. In addition, our study participants were not at risk for PIC because they had neither a history of liver disease nor a twin pregnancy.[3,4] Ruling out cases with preterm labor (a complication of PIC in babies),[4] diabetes mellitus or positive screening test for diabetes mellitus, or obese persons[5] will also decrease the chance of including pregnant women with PIC in our study. Therefore, in the 154 cases we studied, the prevalence of PIC is negligible and will not affect our linear regression model at all.

Moreover, confounder role of PIC and its association with triglyceride is under question or controversial.[6,7] By contrast, its association with pregnancy is weak when its prevalence is low in pregnant women.[3] Therefore, evaluating cases suspected to have PIC and excluding them from the study are not necessary.

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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